

## STATE OF CONNECTICUT

## DEPARTMENT OF PUBLIC HEALTH

## TESTIMONY PRESENTED BEFORE THE JUDICIARY COMMITTEE March 20, 2009

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## Senate Bill 1137 - An Act Concerning Birth Certificates

The Department of Public Health opposes Senate Bill 1137

In recent years, the Department has seen a growing number of births taking place under surrogacy contracts, as well as other births that utilize A.I.D. procedures (Artificial Insemination by Donor) to conceive children. Though there are many advantages associated with these advancements in reproductive technologies, there are also drawbacks. One such drawback is the increased difficulty the Department has in collecting accurate birth data, one of its mandated missions. With surrogacy and A.I.D. births, the Department often does not receive information regarding the genetic parents, thereby creating inaccuracies in our birth records and the data contained within, as well as the research that relies upon this data for surveilling maternal and infant health and mortality.

S.B. 1137 will exacerbate these inaccuracies. Though the language of the bill is unclear, it suggests that the Department would be required to list an intended parent on an <u>original</u> birth certificate if there is a court order approving intended parentage. What is not clear, however, is how the Department would capture medical data regarding the birth. If the birth mother is not part of the record, then the medical data related to her pregnancy and the delivery could not be included in the birth record.

Another problem deriving from the lack of genetic information in the birth record is the registrant's inability to use these records to learn about one's family ancestry, or to gather vital information about one's genetic health history. Unlike adoptions, in which C.G.S. section 45a-746 requires the collection of the health history information of the genetic parents and other blood relatives, there is no such requirement for children born under surrogacy contracts.

The number of surrogacy births in Connecticut involving a non-genetic parent is growing at an ever increasing rate. Because Connecticut is uniquely lacking in regulation regarding surrogacy contracts involving non-genetic parents, it attracts people from all over the world to have a child by such means. In fact, an overwhelming majority of surrogate births taking place in Connecticut involve intended parents who live outside of Connecticut, as far away as Russia, China, Romania, France, Venezuela, and Israel. The influx of people coming to Connecticut to have births through A.I.D. and gestational agreements further exacerbates the amount of incomplete and inaccurate birth data, and further compromises the accuracy of the state's public health data and the Department's ability to perform quality surveillance of maternal and infant health and mortality.

In addition to the problems that this proposal creates for the Department of Public Health, it also has other public policy implications. As written, the law would allow a person who is unrelated to a child, to become the legal parent of the child without any judicial inquiry into the prospective parent's fitness, and without any finding of best interest of the child. Though births under surrogacy contracts are brought before the court, the matter is handled by judges as a contractual matter, and the issues of child protection are not addressed. The provisions of this bill would create a system that would allow persons to circumvent the adoption process by allowing legal parentage to be established without an inquiry into the prospective parent's fitness.

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Another matter that deserves consideration is the protection of surrogate mothers, particularly during these harsh economic times, when there is greater potential for women who are not fully prepared to act as a surrogate, to enter into such a contract for substantial financial gains. Surrogate mothers may be compensated as much as \$50,000 or more for their service.

Though we object to the language in this bill, we recognize that the law governing births subject to surrogacy contracts are in need of clarification. However, given the important and weighty issues surrounding surrogacy contracts, we recommend a more comprehensive proposal that addresses matters such as methods of proper data collection, the ability of a person born under a surrogacy contract to track his or her genetic history, the protection of children and surrogate mothers, and the need to ensure that any legislative changes related to this matter do not conflict with other statutes such as those governing adoption or children born through A.I.D, or the Department's mission to uphold the integrity of vital records.

Thank you for your consideration of the Department's views on this bill.